

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/704,050
Filing Date	November 1, 2000
First Named Inventor	Robert S. Philips
Group Art Unit	2151
Examiner Name	Frantz B. Jean
Attorney Docket Number	48452-048

Total Number of Pages in This Submission

27

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	1- REC
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____	2- Exhibit A
		2-Return Postcard:

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Abigail F. Cousins
Signature	<i>Abigail Cousins</i>
Date	June 12, 2006

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

EXPRESS MAIL # EH 628985479 US

Typed or printed name	Elizabeth Tavarez	Date	June 12, 2006
Signature	<i>Elizabeth Tavarez</i>		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option

<div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-left: 20px;"> <p>FEE TRANSMITTAL</p> <p>FY 2005</p> </div> </div>				<i>Complete if Known</i>		
				Application Serial Number		09/704,050
				Filing Date		November 1, 2000
				First Named Inventor		Robert S. Philips
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METHOD OF PAYMENT					FEE CALCULATION (continued)																																																																																																
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<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 16-2500 <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Large Entity</th> <th style="width: 15%;">Small Entity</th> <th style="width: 55%;">Fee Description</th> <th style="width: 15%;">Fee Paid</th> </tr> <tr> <td>Fee (\$)</td> <td>Fee (\$)</td> <td></td> <td></td> </tr> <tr> <td>130</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>50</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>130</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>2,520</td> <td>2,520</td> <td>Request for ex parte re-examination</td> <td></td> </tr> <tr> <td>120</td> <td>60</td> <td>Extension for reply within 1st mo.</td> <td></td> </tr> <tr> <td>450</td> <td>225</td> <td>Extension for reply within 2nd mo.</td> <td></td> </tr> <tr> <td>1,020</td> <td>510</td> <td>Extension for reply within 3rd mo.</td> <td></td> </tr> <tr> <td>1,590</td> <td>795</td> <td>Extension for reply within 4th mo.</td> <td>1,590</td> </tr> <tr> <td>2,160</td> <td>1,080</td> <td>Extension for reply within 5th mo.</td> <td></td> </tr> <tr> <td>500</td> <td>250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>500</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1,000</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>400</td> <td>0</td> <td>Petitions to the Director</td> <td></td> </tr> <tr> <td>180</td> <td>180</td> <td>Submission of IDS</td> <td></td> </tr> <tr> <td>790</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>790</td> <td>395</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td>100</td> <td>100</td> <td>Certificate of Correction for applicant's error</td> <td></td> </tr> <tr> <td>110</td> <td>55</td> <td>Submission of Terminal Disclaimer</td> <td></td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td>Request for Continued Examination (RCE)</td> <td>790</td> </tr> <tr> <td colspan="2">Other fee (Specify)</td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">4. TOTAL:</td> <td>2,380.00</td> </tr> </table>					Large Entity	Small Entity	Fee Description	Fee Paid	Fee (\$)	Fee (\$)			130	65	Surcharge - late filing fee or oath		50	25	Surcharge - late provisional filing fee or cover sheet		130	130	Non-English specification		2,520	2,520	Request for ex parte re-examination		120	60	Extension for reply within 1 st mo.		450	225	Extension for reply within 2 nd mo.		1,020	510	Extension for reply within 3 rd mo.		1,590	795	Extension for reply within 4 th mo.	1,590	2,160	1,080	Extension for reply within 5 th mo.		500	250	Notice of Appeal		500	250	Filing a brief in support of an appeal		1,000	500	Request for oral hearing		400	0	Petitions to the Director		180	180	Submission of IDS		790	395	Filing a submission after final rejection (37 CFR 1.129(a))		790	395	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		110	55	Submission of Terminal Disclaimer		Other fee (Specify)		Request for Continued Examination (RCE)	790	Other fee (Specify)						4. TOTAL:	2,380.00
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3. APPLICATION SIZE FEE																																																																																																					
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																																																																					
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Direct all correspondence to: Patent Department Proskauer Rose LLP 1585 Broadway New York, NY 10036 Tel. No.: (212)969-3000 Fax No.: (212)969-2900																																																																																																					

SIGNATURE BLOCK	
Date: June 12, 2006 Reg. No. 29,292 Tel. No.: (212)969-3000 Fax No.: (212)969-2900	Respectfully submitted, <div style="text-align: center; margin-top: 20px;"> </div> Abigail F. Cousins Attorney for the Applicant Proskauer Rose LLP 1585 Broadway New York, NY 10036